



**Planning & Permitting Division
Permit Assistance Center**

806 West Main Street, Monroe, WA 98272
Phone (360) 794-7400 Fax (360) 794-4007
www.monroewa.gov

FOR OFFICE USE ONLY

PERMIT #(s) 15-REZN-0001(1982)
15-SPDL-0001(1983)
15-ENV2-0001(1984)

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS

MONDAY – FRIDAY / 9:00 - 12:00 & 2:00 – 4:00

RECEIVED

MAR 16 2015

CITY OF MONROE

Building	Operations	Fire	Land Use
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Accessory Dwelling Unit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> Conditional/Special Use
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Land Clearing/Forest Practices
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Rockery	<input type="checkbox"/> Operational	<input type="checkbox"/> Planned Residential Development
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Shoreline Permit
<input type="checkbox"/> Racking	<input type="checkbox"/> Special Flood Hazard Area	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Residential Remodel	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Subdivision/Plat
<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____		<input type="checkbox"/> Variance
<input type="checkbox"/> Other _____			<input checked="" type="checkbox"/> Other <u>REZONE</u>

NOTE: All required Electrical Permits will be issued by the
Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: 16691 CURRIE ROAD

Size of site (acre/square feet): 6.67 AC / 290,427 SF

Assessor's Tax Parcel Number (14 digits): 27060200301900

Applicant: JAMES & FRANCES HAGER Phone # (206) 300 6667

*Signature: (James R Hager) Printed Name: James R Hager

Mailing Address: 21314 CALHOUN ROAD Fax # ()

City MONROE State WA Zip 98272 E-mail penjim5@frontier.com

Property Owner: AS APPLICANT Phone # ()

**Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # ()

City _____ State _____ Zip _____ E-mail _____

Attach a separate sheet for additional property owners/additional addresses

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

**Property Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.

City of Monroe
Land Use Permit Application- Page 2



Give a detailed description below of the proposal / work. Provide details specific to your application e.g., current and proposed lot sizes, number of lots, description of driveway, description of proposed business including hours of operation, number of employees, existing and proposed parking spaces.

Forest Tax Reporting Account Number (if harvesting timber call the Department of Revenue at (800) 548-8829 for tax reporting information or to receive a tax number):

Detailed Description of work:

REZONE FROM UR 9600 & MR 6000 TO UR 6000
COMBINE A WITH PRELIMINARY PLAT SUBMITTAL
FOR SUBDIVISION INTO 34 LOTS

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Planning Application Fee: _____	Publication Fee: _____
Fire Plan Check Fee: _____	Mailing Fee: _____
SEPA Fee: _____	Technology Fee: _____
TOTAL FEES: _____	